

Participant User Guide

Register for an Account

• Step 1: Read the Terms and Conditions and Privacy Policy and attest to the statements provided. When you are finished with this page, click "Next".



- Featuring International emphia emphiaoid Foundation Registration ... Terms & Conditions Contact Info Notifications Confirmation Review & Submit Country of Residence * ~ First Name * Last Name * First Name Last Name E-mail * e-mail Return to login Previous Next
- Step 2: Enter your personal information in the spaces provided. When you are finished with this page, click "Next".

• Step 3: Select whether you are interested in being contacted by NORD regarding available studies. When you are finished with this page, click "Next".

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I am interested in I • Yes • No	NORD contacting	me regarding ava	ilable studies. *	
Return to login			Previo	Next



• Step 4: Select "Next" so that an activation link is sent to your e-mail to complete registration.

• Step 5: Click the link you are sent via e-mail. Please check your Spam folder if you do not see the e-mail. You will be taken to the following screen in a new tab within your browser. Set your password and click "Submit".

E-mail Validation	
Your e-mail your.email@email.com has been successfully	validated.
Please create your password below.	
assword	
Password	
A password must be at least 8 characters long:	×
 contain 1 uppercase letter 	×
 contain 1 lowercase letter 	×
- contain 1 digit	×
- not contain text from top 1000 commonly used passwords	×
epeat Password	
Repeat Password	
SUBMIT	

• Step 6: Your validation is now complete. Select "Go to Login Page".



• Step 7: Log in using your new e-mail and password.



Add a Participant

• Step 1: To start, click Create New Profile.



• Step 2: Select who you will be providing information about.



• Step 3: Fill out the Participant's information.

Add Participant			×
Who Is Being Added as a Participant? ③		Self Other	
Preferred First Name *		Current Last name *	
Preferred First Name		Current Last Name	
First Name on Birth Certificate *		Middle Name on Birth Certificate *	
First Name on Birth Certificate		Type 'NA' if none	
Last Name on Birth Certificate *		Date of Birth * 🔞	
Last Name on Birth Certificate		mm/dd/yyyy	
Sex Recorded on Birth Certificate * ?			
Sex Recorded on Birth Certificate	~		
Country of Residence * ⑦		State/Province/Region of Residen	ce * ?
Choose country	~	Type 'NA' if none	
Country of Birth *		City/Municipality of Birth *	
Choose country of birth	~	City/Municipality of Birth	
What Is Your Relationship to ? * (?)			
Choose relationship	~		

Consent to the Study

• Step 1: Click on "Yes, complete consent for this participant."



×

Thank you for registering your first participant!

Would you like to consent to participate in **International Pemphigus** & Pemphigoid Foundation Natural History Registry?



Step 2: Scroll down and read through the consent form thoroughly. Once you finish each page, click the "Next" button. Once you reach the Authorization form, read through the statements thoroughly. If you are comfortable consenting to participate in the study, please read each statement and authorize your consent. After checking the boxes, click "Next."

Consent to International Pemphigus & Pemphigoid Foundation Natural History Registry

Consent Overview Those eligible to participate in our study include: Participant: An individual diagnosed with Pemphigus and Pemphigoid who is at least 18 years of age, the age of majority in their state, province or country, and able to provide consent for themself. Legally Authorized Representative: an individual (such as a family member or guardian) who is legally responsible for the healthcare of the Study Participant who is a minor (child under the age of 18) or an adult who is unable to contribute their own data. This individual must also be at least 18 years of age and the age of majority in their state, province or country. Designated Representative: A legal adult who was the caretaker of an individual who passed away from Pemphigus and Pemphigoid, defined as a spouse, parent, sibling, offspring, close relative, close friend, guardian and/or significant other of the individual who had Pemphigus and Pemphigoid and who had knowledge and participated in their medical care. This individual must also be at least 18 years of age and the age of majority in their state, province or country. Please tell us about the Participant you would like to enroll in this study. * They are a minor or an adult who is unable to contribute their own data. I am currently their caregiver. They use a patient with Pemphigus and Pemphiguid Legatificant of a their medical care.

They were a patient with Pemphigus and Pemphigoid. I participated in their medical care.

Consent to International Pemphigus & Pemphigoid Foundation Natural History Registry

Jane Smith

Jane Smith

Consent for a Person with a Legally Authorized Representative (Caregiver) Title: IPPF Natural History Registry Study Principal Investigator: Mirella Bucci, IPPF Natural History Registry Study Principal Investigator Phone: 916-922-1298 E-mail: registry@pemphigus.org Sponsor: The International Pemphigoid Foundation Key Information

You are invited to take part in a research study for individuals with Pemphigus and Pemphigoid on behalf of the person in your care. We hope that this form will help you decide whether or not to participate, but you can also call or e-mail the study staff at the contacts above if you have any other questions.

Things you should know:

We are doing this research to collect information from participants (or their authorized respondents, heretofore referred to collectively as "participants") who are affected by pemphigus and pemphigoid.

If you choose to participate on behalf of the participant, you will be asked to provide information about your disease experience and be followed throughout the course of your life by contributing data at varying intervals throughout the course of the study. Data will be collected at the start of the study (baseline), at 3- and 6-month time points or can be updated by you as needed. Data will be collected on demographics, quality of life, medical history, disease phenotypes, disease-related events, personal experience with

Next

Previous

Next

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Authorizat	ion
Make sure theHave had you	atements are intended to: at you have had the time and opportunity to consider whether you and the Study Participant want to participate in this registry; ur questions answered; and icipate in the study as described.
 That you have That you wish That you allow 	d to acknowledge: e read the consent form and have no further questions about the registry and the Study Participant's participation; n to provide the Study Participant's personal data to the registry for the purposes of the Study; w for this data to be used for future research; e explained the study to the Study Participant to the extent they are able to understand; and of legal age.
giving your cons	sed form. Your digital signature is the same as if you had signed your name to a paper document. By answering "Yes" to all of the following statements, you are sent to participate in the IPPF Natural History Registry Study on behalf of the Study Participant. After signing, a copy of the consent form will be e-mailed to you. If fortably answer "Yes" to these statements, please do not check the consent boxes in the following section.
	this Consent and Authorization Form to provide the Study Participant's personal and medical data to be shared for the purpose of research. All my questions PPF Natural History Registry Study have been answered to my satisfaction, and I understand the purpose of the registry and the risks of participation.
	Previous Next
•	Step 3: Once you click "Next" and reach the Thank You page, click "Continue to Opt-Ins".
	Consent to International Pemphigus & Pemphigoid Foundation Natural History Registry
•	Previous Continue Step 4: Once you click "Continue to Opt-Ins" read through the opt-ins thoroughly. If you would like to receive information about the topic, check the box, and click "Save and Review".
	Opt-Ins for International Pemphigus & Pemphigoid Foundation ×
	Natural History Registry

Save and Review

Foundation's merchandise that would be sent via electronic or postal mail

• Step 5: Once you've reviewed your consent, click "Close". You will then have access to start taking surveys.

Taking Surveys

• Step 1: Click on your Participant.



• Step 2: Click on the appropriate study.

🕑 Back to participant list		
Jane Smith V 2 5-May-2000		€ Search Studies
Enrolled Studies	@ Shortcuts	
Click a study to see the list of surveys. Click the 🜖 icon to see more information about the study. Click "Search Studies" above to find additional studies.	Request Transfer	Consent/Opt-Ins
International Pemphigus & Pemphig(English) Foundation Natural History Registry International Pemphigus & Pemphigoid Foundation	^ک ِثِ ⁻ Notifications No new notifications	
 ✓ Consented ³⁽¹⁾ ⁽²⁾ ⁽²⁾		

• Step 3: Click "Take Survey" for an available survey.

© Back to study list			
Jane Smith V 2 5-May-2000			
International Pemphigus & Pemphigoid Foundation Natural History Registry	_		
Surveys 🏄 8 pending	All (8)	Complete (0)	Pending (8)
0% Getting Started Not Started		🖉 Take	Survey

View Responses and Reports

• Step 1: Once you have submitted a survey, you are able to view your responses to that survey as well as the graphs for any questions that are programmed to show graphs. Click "View Responses" to see your completed survey. Click "Reports" to see any available graphs.

Jane Smith ^V ^{S-May-2000}			
International Pemphigus & Pemphigoid Foundation Natural History Registry Surveys 🏽 🌾 6 pending	All (8)	Complete (2)	Pending (6)
Getting Started Completed on 27-Mar-2025		© View Res ∠ Rep	
Participant Profile Completed on 27-Mar-2025		View Res	

View Consent and Opt-Ins

• Step 1: Once you have consented to the study, you are able to view your consent at any time. Navigate to the Enrolled Studies page. Then, click "Consents/Opt-Ins" to see your consent and opt-ins.

ⓒ Back to participant list		
Jane Smith V 5-May-2000		€ Search Studies
Enrolled Studies	© Shortcuts	
Click a study to see the list of surveys. Click the 3 icon to see more information about the study. Click "Search Studies" above to find additional studies.	$\stackrel{\rightarrow}{\leftarrow}$	1ÊI
	Request Transfer	Consent/Opt-Ins

• Step 2: You may revoke your consent at any time by clicking "Revoke". You may also edit your Opt-Ins by clicking "Opt-Ins".

\oplus Back to study list			
Jane Smith V C 5-May-2000			
쑫 Consents/Opt-Ins			
Study Name	Consent Status	Consented On	Actions
International Pemphigus & Pemph Foundation Natural History Regist	Consented	27-Mar-2025	✓ View Consent

Dark Mode Settings

• Step 1: You can view the platform in Dark Mode. First, click Settings.



• Step 2: Select Dark Mode.



• Step 3: Exit the Settings menu, and your selection will be saved.



Display Settings

• Step 1: You can change the platform display settings. First, click Settings.



• Step 2: Select a color theme, a font size, or language preference.

٦	Settings			*
nts	Color Theme	es		
	Gray	✓ D	ark Mode	
1	Blue		Green	
S	Purple			
	Font Size			
I	Small	Medium	Large	
	Language Pr	eference		
	English	Español	Français	

• Step 3: Exit the Settings menu, and your selection will be saved.

Microsite Visibility

• Step 1: You can change how you view the microsite (pemphigus.iamrare.org) using an Accessibility menu. Click the icon of a person at the bottom of the screen. You are able to change the settings such as the contrast, text sizing, and text spacing.



Accessibility Menu (CTRL+U)			
How UserWay Works			
Oversized Widget	3		
Contrast +	C=D Highlight Links		
TT Bigger Text	€····) Text Spacing		
နိ ^{ားန} န် နိုင်ငံ Pause Animations	Hide Images		
Df Dyslexia Friendly	₿ Cursor		
[1] Tooltips	1 Line Height		
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Need Assistance?

- Step 1: If you need help while using the platform, click Help.
- Step 2: Select an Inquiry Type and type a message.



• Step 3: Click Submit.

• You may also contact the study sponsor directly by using the contact information shown on your dashboard or the study website.

 ♥ View Responses ① ▶ ✓ Reports ♥ View Responses ① 	Pemphigud reader	International Pemphigus & Pemphigoid Foundation pemphigus.org/
Reports	Contact Marc Yale	Phone 855-473-6744
	E-mail registry@pemp IRB E-mail info@northstar	higus.org reviewboard.org
Take Survey	Social Media 😯 💇 💿	